

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

400

1 PLACE OF DEATH Registration District No. 60-2416  
 County Mecklenburg State NC Register No. 202  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or  
 City Charlotte No. Mercy Hospital Ward \_\_\_\_\_  
 (if death occurred in a hospital or institution, give its NAME instead of street and number)  
 2 FULL NAME Joseph Harry Smith Jr.  
 (a) Residence No. Baltimore Md. Ward Baltimore Md.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 Sex male 4 Color or Race white 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced Husband of \_\_\_\_\_ (or) Wife of \_\_\_\_\_

6 Date of birth (month, day, and year) May 1889

7 Age years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
32 11 7

## 8 Occupation of deceased

(a) Trade, Profession, or particular kind of work Baseball Player

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 Birthplace (city or town) Baltimore Md.  
(State or country)

10 Name of Father William A. Smith

11 Birthplace of Father (city or town) Baltimore Md.  
(State or country)

12 Maiden Name of Mother Mrs. J. Haley

13 Birthplace of Mother (city or town) Baltimore Md.  
(State or country)

14 Informant Edw. Smith  
(Address) 2533 Division St.

15 Filed H.H. 19 32 Samuel B. Waller  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) April 1 1922

17

I HEREBY CERTIFY, That I attended deceased from Mar. 29 1922 to Apr. 1 1922 that I last saw him alive on Apr. 1 1922 and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH\* was as follows:

Pericardio-Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of 2-22

Was there an autopsy? no

What test confirmed diagnosis? Physical & Chemical

(Signed) H. E. Wickert M. D.

. 19 (Address) 1576 14 Trade

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal Baltimore Md. Date of Burial 4/3 1922

20 Undertaker Doctors & Son Address Charlotte